



## **BACKFLOW TEST FORM REQUEST**

**COMPLETE ONE FORM PER DEVICE**

**PREPRINTED TEST FORM WILL BE MAILED TO TESTER UNLESS REQUESTED OTHERWISE**

<b>CUSTOMER INFORMATION</b> <b><u>TO BE COMPLETED BY CUSTOMER</u></b>		
CUSTOMER NAME _____		
MAILING ADDRESS _____		
PHONE# _____ CELL# _____ FAX# _____		
SITE ADDRESS: _____		WATER ACCOUNT: _____
		WATER DEPT. METER#: _____
<b>BACKFLOW INFORMATION</b> <b><u>TO BE COMPLETED BY TESTER</u></b>		
<input type="checkbox"/> WATER METER	<input type="checkbox"/> FIRE DEVICE	<input type="checkbox"/> ¾" FIRE DETECTOR
DISTANCE FROM METER _____ FEET	WATER ACCT# _____	WATER ACCT# _____
<input type="checkbox"/> REISSUE TEST FORM <input type="checkbox"/> NEW INSTALL <input type="checkbox"/> REPLACEMENT REPLACES WHAT SERIAL# _____		
MANUFACTURER _____	TYPE <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA	SIZE: _____
SERIAL#: _____	MODEL#: _____	
BF LOCATION NOTES _____		
INSTALLED PER CITY SPECIFICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE DESCRIBE PROBLEM. _____		
REQUEST FOR SITE VISIT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE REASON FOR REQUEST. _____		
COMMENTS: _____		
<b>TESTER INFORMATION</b>		
COMPANY NAME _____ PH# _____ FAX# _____		
ADDRESS _____		
PRINT NAME _____ GAUGE# _____		
<b>FOR CROSS-CONNECTION USE ONLY</b>		
<input type="checkbox"/> FORM COMPLETE <input type="checkbox"/> FORM INCOMPLETE AND MAILED TO CUST. <input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED, EXPLAIN _____		
ASSIGNED TO _____	INSPECTED AND VERIFIED BY _____	